

EMPLOYMENT APPLICATION
LONCALA, INCORPORATED
25755 NW 130TH AVENUE
HIGH SPRINGS, FLORIDA 32643-5964
386-454-1511/OFFICE 386-454-4831/FAX

PRINT OFF APPLICATION, FILL IT OUT AND CALL TO MAKE AN APPOINTMENT. BRING EMPLOYMENT APPLICATION WITH YOU TO APPOINTMENT. THANK YOU FOR YOUR INTEREST IN LONCALA, INCORPORATED AS AN EMPLOYER.

Position applied for:	Date:
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GENERAL INFORMATION	
Name (last, first, middle initial)	
Social Security Number	
Address	
City, State, Zip	
Home Phone Number	
Work Phone Number	
Cell Phone Number	
Are you authorized to work in the United States? Proof of authorization will be required post hire. Yes or No (circle one)	

TRAINING AND EDUCATION		
Circle highest grade completed: 8 9 10 11 12 GED		
Colleges/other training	Majors/subject	Degree/certificates

ADDITIONAL SKILLS: Describe skills relevant to the job for which you are applying		
SKILL	TYPE OF EXPERIENCE	LEVEL OR EXPERTISE
Office equipment, computers, software (typing speed, programs, etc.)		
Technical skills, professional licenses		

Heavy equipment, machinery		
Other		
Can you perform the essential functions of the job with or without reasonable accommodation? Yes or No (circle one)		

BACKGROUND INFORMATION
EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS
Do you have a valid Florida Driver's License? Yes or No (circle one) Other State:
(If position applied for involves driving) have you been convicted, pleaded to no contention or paid a fine for any traffic violations in the past three (3) years? Yes or No (circle one). If yes please explain:
Have you been convicted of a felony or served time in prison within the last ten (10) years? Yes or No (circle one). Conviction will not necessarily bar you from employment. If yes, please explain:

How/where did you hear about the position for which you are applying? (circle one)		
Friend	Online	Other
Relative	Newspaper Ad	Other
If relative, which relative?		
Are you 18 years or older. Yes or No (circle one)		
Can you travel if the job requires it? Yes or No (circle one)		
Are there any shifts, hours, or days you will not work? Yes or No (circle one). If yes, explain:		
Do you speak, read or write a foreign language?		
Do you have any friends or relatives that work here? Yes or No (circle one). If yes, name & relationship:		
Have you been employed here before? If yes, when?		
Have you ever been fired? Yes or No (circle one). If yes, explain:		

Membership in Organization/Professional groups which, in your opinion, have a direct bearing on the position you are seeking:

Are you a Veteran of the U.S. Military Service? Yes or No (circle one). If yes, what branch of service?

Have you ever been dismissed or forced to resign from any employment? Yes or No (circle one). If yes, please explain:

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and period of unemployment. The following sections MUST be completed even if a resume is submitted.

Employer:	Employed from:	To:
Address:	Supervisor:	
Phone:	Hours worked/week:	Starting salary:
Position:	Last salary:	
Primary duties:		
Number of employees supervised by you:	May we contact this employer?	Supervisor's phone:
Reason for leaving:		
Employer:	Employed from:	To:
Address:	Supervisor:	
Phone:	Hours worked/week:	Starting salary:
Position:	Last salary:	
Primary duties:		
Number of employees supervised by you:	May we contact this employer?	Supervisor's phone:
Reason for leaving:		
Employer:	Employed from:	To:
Address:	Supervisor:	

Phone:	Hours worked/week:	Starting salary:
Position:		Last salary:
Primary duties:		
Number of employees supervised by you:	May we contact this employer?	Supervisor's phone:
Reason for leaving:		
PROFESSIONAL REFERENCES		
Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance.		
Name	Place of Employment/Title	Phone

NOTICE TO APPLICANTS

We comply with the Americans with Disabilities Act of 1990. During this interview process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and or examination and all information will be kept confidential and in separate files.

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

PLEASE READ AND SIGN STATEMENT BELOW

I understand that, in accordance with Florida Statue 443.131 (3) (a) (2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____
Initials

I understand and agree that all company policies and procedures may be modified, amended or deleted by the company with or without notice to me of such amendment, modification or deletion; that policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of Loncala, Incorporated with or without notice by either party. I also understand that there are no other arrangements, agreements or understanding regarding the

terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by an officer of the company. _____ Initials

I understand that I may be required to undergo blood and urinalysis screening for drug or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and or urinalysis screening for drug or alcohol use. _____ Initials

I certify that all information given on this employment application; any resume that I submit to the company and any related papers and answers given during oral interviews are true and correct. I understand that Loncala, Incorporated will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigations. _____ Initials

Date: _____

Signature: _____

